



**HHS Capital Planning Investment and Control Training
Program (HHS CPIC)
APPLICATION FOR REGISTRATION FORM**

HHS University
Phone: 301.451.6810
Fax: 301.480.3287

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Office of the Assistant Secretary for Administration and Management

PARTICIPANT INFORMATION

Name of Participant: _____

Agency/OPDIV (Please circle one):	ACF	AHRQ	AoA	CDC	CMS	FDA	HRSA	IHS	NIH	OS	PSC	SAMHSA
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Other Agency: _____ Email: _____

Mailing Address: _____

Phone Number: _____ Fax Number: _____

PLEASE TYPE/PRINT NEATLY

COURSE INFORMATION

Name of Course: _____

Course Number: _____ Date(s): _____ to _____

Location of Course: _____

SUPERVISOR INFORMATION AND APPROVAL

*Name of Employee's Supervisor: _____

*Phone Number: _____ *Email: _____

*Supervisor's Approval (Signature): _____ Date: _____

CIO INFORMATION AND APPROVAL

*Name of Executive Acquisition Manager or CIO: _____
(Please Print Neatly)

*Phone Number: _____ Email: _____

*CIO/Designee's Approval (Signature): _____ Date: _____

*** Required Signatures and Information**